

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Great Mills* Town

County

St. Mary's

Date

of death *1904*

Month

March

Day

*9th*Age *97*

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*St. Mary's Co.,*

Occupation

*Housewife*Where Residing if not
at place of death*St. Mary's Co.,*Married, Single
or WidowedName of Wife or
Husband*Julia A. Prill*Father's
Name*Unknown*Father's
Birthplace*Don't know*Mother's
Maiden Name*Louisa Goldborough*Mother's
Birthplace*St. Mary's Co.,*Name of person giving
Information*1 Son*How related
to deceased*Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

*Infirmities of age -**Trailing for several years*

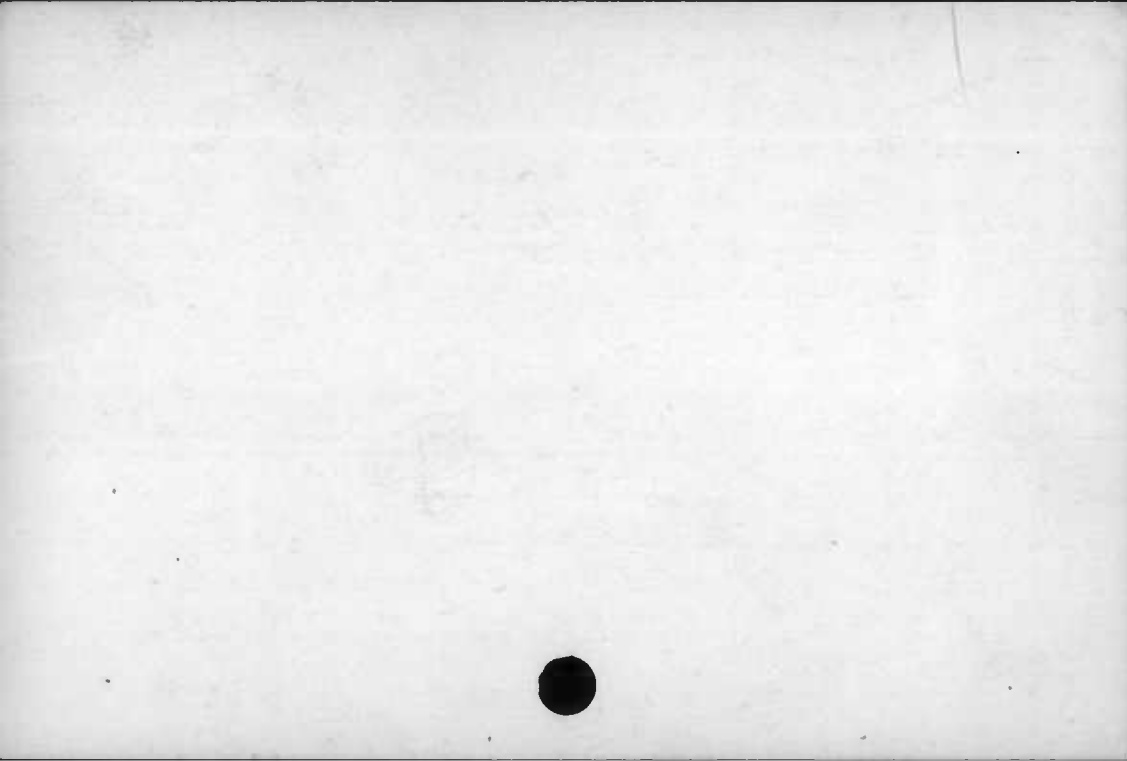
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Harry Richardson M.D.*

Address

*Great Mills, Md.
St. Mary's Co.,*

Accident or Suicide?



Name
in
Full

Laura Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Charlotte Hall		County St. Mary's		MARYLAND	
Date of death	1909	Month March	Day 18	Age 45	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Und
Occupation	Clerk			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John H. Ward					Father's Birthplace	Und
Mother's Maiden Name	Margaret Webster					Mother's Birthplace	Und
Name of person giving information	Cecilia Ward					How related to deceased	Aunt -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	27	2 years
Immediate	Exhaustion from Pulmonary Hemorrhage		How long	4 days	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	L. C. Carrio M.D.	
			Address	Bryantown Und	
Accident or Suicide?					

